	very YSI. fied.	STANDARD CERTI			na State	Board of He	alth	263/
	D. E. PH	County Maricona			State ARIZOI		91	
		-		35 Pr 1773 198 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 -		or Village	Registered No.	·
	# X X	Township	Mesa	····				or
<u> </u>	S A PERMANENT RECORD. Every should be stated EXACTLY. PHYSI.s, so that it may be properly classified.	City				r institution, give its NAI	E instead of street and number	wr) Ward
		Length of residence in city or town where death occurred 4 yrs mos. 2. FULL NAME Amanda Lrene Watson				ds. How long in U. 3. if of foreign birth?yrsmosds. How long in State when death coursed? 14 yrsmosds.		
-		(a) Residence: No. 110Sa Arizona (Usual place of abode)			St. Ord			
					(If non-resident give city or town and state)			
		PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
		s. sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED, or DIVORCED, (Write the word) Married			21. DATE OF DEATH (month, day, and year) 6/25/39, 19 22. I HEREBY CERTIFY, That I attended deceased from 1-1-3 % , 19 , to 19-14-3 % , 19 ; death is said to have occurred on the date stated above, at 2:05 P.M.			
		5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. E. Watson 6. DATE OF BIRTH (month, day, and year) Mar. 11, 1880						
								BINDING
Ä								S IS GE s erms
Z	AGA Part te	59	3	14	1 day,hrs.	importance were as fo	10ms:	Date of Onset
ED FOR	oing ink—This is uly supplied. AGE sl EATH in plain terms, s very important.		1 -		ormin.	Zansu	20 (200-1)	1-1-28
		8. Trade, profession, or particular kind of work done, as spinner, at home sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and spent in this					-	
		year)	11. Total time (years) spent in this occupation (month and year)			Other contributory causes of importance:		
	A DO	12. BIRTHPLACE (city or town). Utanti (State or Country)				***************************************		
	o car OF TION	Is. NAME Walter Cox						
	H I H B PA	14. BIRTHPLACE (city or town) Jianti			Name of operation			
Ž		(State or	Country)		lītah		external causes (violence) fill	
	shoul CAU	15. MAIDEN 1	111111111111111111111111111111111111111	y Irene		lowing: Accident, suicide, or hom	icide? Date of injury	
	NLY, ation state t of (5 16. BIRTHPLACE (city or town) Union Ft. (State or Country)			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.			
	FE PLAINLY f information should state statement of	17. INFORMANT C. E. WALSON (Address) Lesa, Arlz.						
		18. BURIAL, CREMATION, OR REMOVAL				Manner of injury.		
	the first	Place N.C.	Place Mesa Ariz. pate 6/28/39,			Nature of injury		
	item of intermediate of interm	19. EMBALMER Signature R. N. Daybell			24. Was disease or injur	y in any way related to occupat	ion of deceased?	
		FUNERAL DIRECTOR	FUNERAL Meldrum Mortuary			if se, specify		
	ECE.	Address/	Mesa,	AT 12	/).	CI	usterent.	M D
	14	20. Filed hels	1 5 , 1939 (ノハフレ	turi	(Signed)		M. D.
	zi i	(/ °V			Registrar	(Address)		
		10M—7-20-37—Sims-	−Form 3 − 100% RA	G	Back of Co	ertificate to be used for a	ny Additional Information	